*In order to help the National Human Trafficking Training and Technical Assistance Center (NHTTAC) better serve the field, we are reaching out to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place, including reporting all information in aggregate to avoid identifying information. Only members of the NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact* *NHTTACEval@icf.com**.*

**Please provide the information below to create an anonymous ID:**

\_\_\_\_\_\_                   \_\_\_\_\_\_                       \_\_\_\_\_\_

Birth Month                          First letter of first name          First letter of your middle name

(insert just the month             (example: S for Sara)              (example: M for Maria)

for your *date of birth*,
example: 08 for August)

***Please rate the extent to which to you agree or disagree that the fellowship has helped your organization achieve the following objectives.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fellowship Objectives** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The fellowship increased my organization’s knowledge about trauma-informed practices.
 | 1 | 2 | 3 | 4 | NA |
| 1. The fellowship increased my organization’s skills and knowledge about survivor-informed practices.
 | 1 | 2 | 3 | 4 | NA |
| 1. The fellowship increased the organization’s skills and knowledge about current evidence-based research and promising practices.
 | 1 | 2 | 3 | 4 | NA |
| 1. The fellowship increased the organization’s skills and knowledge about a multidisciplinary approach to addressing human trafficking.
 | 1 | 2 | 3 | 4 | NA |
| 1. The fellowship increased my organization’s skills and knowledge on a public health response to human trafficking.
 | 1 | 2 | 3 | 4 | NA |
| 1. The fellowship met my professional needs.
 | 1 | 2 | 3 | 4 | NA |
| 1. The fellowship met my educational needs.
 | 1 | 2 | 3 | 4 | NA |
| 1. My organization remained engaged in the fellowship throughout its entirety.
 | 1 | 2 | 3 | 4 | NA |
| 1. [insert objective here].
 | 1 | 2 | 3 | 4 | NA |
| 1. [insert objective here].
 | 1 | 2 | 3 | 4 | NA |

1. How were you invited to participate in this fellowship?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. Do you think NHTTAC should do anything differently when selecting organizations to participate in this fellowship?

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**Please indicate the extent to which you agree or disagree with the following statements about the Fellowship Activities:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organizational Audit  | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1. The fellow was accommodating and flexible to work with during the scheduling of the organizational audit.
 | 1 | 2 | 3 | 4 |
| 1. My organization felt informed about the purposes of the organizational audit prior to it occurring.
 | 1 | 2 | 3 | 4 |
| 1. The organizational audit helped identify gaps in my organization’s ability to address human trafficking.
 | 1 | 2 | 3 | 4 |
| 1. The fellow and representatives from my organization collaborated well during the organizational audit.
 | 1 | 2 | 3 | 4 |
| 1. [insert objective].
 | 1 | 2 | 3 | 4 |
| 1. [insert objective].
 | 1 | 2 | 3 | 4 |
| 1. I would recommend keeping the organizational audit as part of future survivor fellowships.
 | 1 | 2 | 3 | 4 |
| Action Plan | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 1. The action plan was developed collaboratively between my organization and the fellow.
 | 1 | 2 | 3 | 4 |
| 1. The action plan we developed was adopted by senior leadership in my organization.
 | 1 | 2 | 3 | 4 |
| 1. The action plan we developed defined clear roles and responsibilities.
 | 1 | 2 | 3 | 4 |
| 1. The action plan we developed accounted for my organization’s culture and structure.
 | 1 | 2 | 3 | 4 |
| 1. The action steps we created were grounded in a multidisciplinary approach to addressing human trafficking.
 | 1 | 2 | 3 | 4 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. The action steps we created were grounded in a public health approach to addressing human trafficking.
 | 1 | 2 | 3 | 4 |
| 1. The action plan accounts for complex and multiple traumas.
 | 1 | 2 | 3 | 4 |
| 1. The action plan we created accounts for all types of trafficking.
 | 1 | 2 | 3 | 4 |
| 1. The action plan we created includes action steps to address language and cultural barriers to serving at-risk populations or potential victims of human trafficking.
 | 1 | 2 | 3 | 4 |
| 1. I recommend keeping the action plan development as part of future survivor fellowships.
 | 1 | 2 | 3 | 4 |
| Customized T/TA | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1. The customized training and technical assistance (T/TA) provided by the fellow was well-organized.
 | 1 | 2 | 3 | 4 |
| 1. The customized T/TA provided by the fellow was detailed and thorough.
 | 1 | 2 | 3 | 4 |
| 1. There was adequate time provided for the fellow to conduct the customized T/TA to my organization.
 | 1 | 2 | 3 | 4 |
| 1. There was adequate time provided for my organization to receive the customized T/TA.
 | 1 | 2 | 3 | 4 |
| 1. The customized T/TA helped my organization implement best practices focused on trauma-informed care and survivor empowerment.
 | 1 | 2 | 3 | 4 |
| 1. I would recommend keeping the customized T/TA as part of future survivor fellowships.
 | 1 | 2 | 3 | 4 |

**Please indicate the extent to which you agree or disagree with the following statements about your collaboration with the fellow:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fellow:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| 1. The fellow was easy to communicate with throughout fellowship activities.
 | 1 | 2 | 3 | 4 |
| 1. The fellow was respectful throughout the process.
 | 1 | 2 | 3 | 4 |
| 1. The fellow planned an appropriate amount of time to help make an actionable change at my organization.
 | 1 | 2 | 3 | 4 |
| 1. The fellow responded in a helpful manner to my questions.
 | 1 | 2 | 3 | 4 |
| 1. The fellow was helpful through remote communication.
 | 1 | 2 | 3 | 4 |
| 1. The fellow created an open learning environment when they visited in-person.
 | 1 | 2 | 3 | 4 |

***Please indicate the extent to which you agree or disagree with the following statements:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NHTTAC Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| NHTTAC staff clearly articulated my organization’s responsibilities in this fellowship. | 1 | 2 | 3 | 4 | NA |
| NHTTAC set clear expectations for what to expect during this fellowship. | 1 | 2 | 3 | 4 | NA |
| NHTTAC provided me with necessary resources and materials for this fellowship program. | 1 | 2 | 3 | 4 | NA |
| NHTTAC staff were detail-oriented and thorough in the planning of this fellowship. | 1 | 2 | 3 | 4 | NA |
| NHTTAC was responsive to my organization’s questions and needs. | 1 | 2 | 3 | 4 | NA |
| NHTTAC provided my organization with additional information on a public health approach to human trafficking upon request. | 1 | 2 | 3 | 4 | NA |
| My organization is satisfied with the overall support provided by NHTTAC staff throughout the fellowship program. | 1 | 2 | 3 | 4 | NA |

1. Is there anything additional NHTTAC could have done to support your organization during this fellowship?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. Please rate the overall quality of this fellowship program.

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| *Poor* | *Fair* | *Good* | *Excellent* |

1. Overall, how well did this fellowship meet your expectations?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| *Far Below My Expectations* | *Did Not Meet My Expectations* | *Met My Expectations* | *Exceeded My Expectations*  |

1. How satisfied were you with the overall quality of the support you received from NHTTAC staff to help complete this fellowship?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| *Very Dissatisfied* | *Dissatisfied* | *Satisfied* | *Very Satisfied* |

1. Would you recommend NHTTAC to others to receive T/TA? □ Yes □ No
2. What are three things your organization plans to do as a result of this fellowship?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Was the format of this fellowship conducive to improving best practices at your organization? Why or why not?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What aspects of the fellowship were most helpful and why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What could NHTTAC do differently to improve similar fellowships in the future?

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1. Do you have any other comments or suggestions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. As a result of participating in this fellowship program, does your organization plan to do any of the following? **(Mark all that apply.)**
* Change my management/leadership or interpersonal communication style
* Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked
* Write grants/fundraise/identify new funding resources
* Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan
* Advocate or meet with leadership of my organization to develop/enact policy changes at my organization
* Improve programs/practices
* Improve technology/websites/infrastructure
* Integrate victim-centered, survivor-informed strategies
* Expand services or types of services
* Improve my own leadership or professional development skills
* Begin a new project or initiative
* Develop/strengthen collaborative or strategic relationships
* Network with other participants
* Share materials with colleagues
* Provide information to clients/families/youth
* Train/educate others in content/skills learned
* Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked
* Refer colleagues to NHTTAC events/resources
* Conduct research
* Strengthen evaluation or needs assessment activities
* Improve identification and reporting methods for trafficking
* Take additional training on human trafficking
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Of the barriers listed below, which do you believe will be a **significant** challenge to performing the activities you selected in the previous question? (**Mark all that apply.**)
* Lack of senior leadership support
* Lack of frontline support and accountability
* Continuous turnover
* Shortages of key personnel
* Competing priorities
* Inaccessible research and/or information
* Lack of urgency
* Lack of shared responsibility across organizational collaboration
* Lack of information sharing among organizations
* Lack of time to implement changes
* Difficulty in establishing and/or maintaining a multi-disciplinary team
* Need for partnership building with other organizations
* Variation in mission and regulatory frameworks when partnering with other organizations
* Lack of information and/or data sharing among organizations
* Lack of time to implement changes
* Lack of training for staff in how to implement change
* Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Which of the following **best** describes your organization? **(Mark all that apply.)**
* Academic institution
* Anti-trafficking organization
* Business/For-profit organization
* Coalition/Multidisciplinary team/Task force
* Federal government
* Faith-based organization
* State and local government
* Nonprofit/Community-based organization
* OTIP grantee
* Self-employed
* Survivor-led organization
* Tribal government
* Union/Worker advocacy organization
* Victim service provider
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Which of the following **best** describes the types of services your organization provides? **(Mark all that apply.)**
* Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor)
* Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)
* Corrections-based services (e.g., parole, probation)
* Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer)
* Educator (e.g., teacher, professor, school administrator)
* Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)
* Housing (e.g., case worker, shelter director, public housing authority agencies)
* Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic)
* Public health (e.g., licensure board, health department staff, health care executive, community health workers)
* Social worker (e.g., case manager, school counselor, supervisor, administrator)
* Survivor empowerment, mentoring, or peer to peer
* Violence prevention (e.g., Child abuse and neglect; elder abuse; domestic violence, sexual violence, youth violence)
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?

□ Yes □ No

1. Which of the following **best** describes your organization’s geographic population? **(Mark all that apply.)**

□ National □ Local

 □ State (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Urban

□ Tribal □ Rural

□ International (please specify country): □ Suburban

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please select any of the following populations does your organization currently work with in a professional capacity (**Mark all that apply.**)

Human trafficking

Commercial sexual exploitation of children

Sex trafficking

Adults

Minors

Labor trafficking

Adults

Minors

Children/youth

Out of home/Foster care/Kinship care

Juvenile justice

Runaway/Homeless youth

People with disabilities

Deaf/Hearing impaired

Elderly

Lesbian, gay, bisexual, transgender, and questioning

Foreign nationals (migrant workers, undocumented immigrants, refugees)

People with low incomes

Racial and ethnic minorities

American Indian or Alaska Native

Asian

Black or African American

Native Hawaii or other Pacific Islander

White

Hispanic or Latino ethnicity

History of substance use

Domestic and dating violence

Gang-related crime

Sexual abuse/Violence

Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In your professional capacity, how frequently does your organization come into contact with a person who is currently being trafficked, at risk of trafficking, or has been trafficked?

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| *Never* | *Occasionally* | *Frequently* | *Daily* |

***Thank you for taking the time to complete this form and helping to improve NHTTAC activities.***